Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>8/12/2</u> 0 <u>10</u>	Address:	Bittersweet road N. of
Case#;	24F31774		Day road Mishawaka, In
County:	St. Joseph		
Type of Laboratory Seizure (check one) Operational Lab		Scizure Location (check all that apply)	
Chemic	onar t.ap al/Glassware/Equipment (only) ite (only)	☐ Residence ☐ Outbuilding ☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
<u>Items Four</u>	nd: Location (bedroom, kitchen, open ai	r. etc)	<u>Field</u>
(check all that apply) Lithium/Ammonia Reaction(s): Com Field			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents:			
Water Reactive Metal (Lithium): Corn Field			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s): Corn Field			
Corrosive Acid: Bean field			
Corrosive Base: Bean Field			
Other (item and location):			
☐ Yes ☑ No *If yes, fax rep	r age 18 discovered (check one) (number present) out to Child Protective Services	[_ Retail/Me. ⊠ Other:	/Pseudoephedrine Tracking Log rehant Tip
This report is to be faxed to the following agencies that serve the location:			
	Department: Penn Fire Fax: 574-255-2683		
Health Department: St. Joseph Co.		Fax: <u>(574)</u> 2 Fax:	<u>35-9497</u>
Child Protec	tion Service: <u>N/A</u>		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Jason Faulstich</u> Phone <u>1-800-552-2959</u>			
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This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.